**MEAL CoP October 2019-MENA:Building Data Systems, Participant Tracking, etc. (38 participants)**

PIIRS

* In the next 2 weeks, you will be receiving your consolidated country and reach data in a single Excel file with reviewer comments- Review and revision of these data are due the first week of November

**CARE Jordan: The CARE Database System (CDS) (Esraa Yousef / Ahmed Issa)**

* Information management is part of the program quality team
* Operational for 10 years
* CDS used to document refugees and provide them with unique IDs
	+ Works in all CARE centers in Jordan-serves as a centralized point of data
	+ Ensures accountability, minimizes double counting and increases accuracy of reporting
* CDS has a login for each user with different levels of access
* Database is separated in 3 layers
* Can search for any case in the system
* Data collected include:
	+ Demographic information, contact info, Family member information, pictures or relevant documentation, old assistances
	+ Approval books for cases meeting a particular condition (search criteria)
* Can extract data by profile filter (individuals) and/or assistances filters (i.e., cash) and can be exported into Excel to conduct further analysis
* Cash assistance functionality and documentation-can be tied to a specific person and project
* Case management functionality
* Can get the number of indirect beneficiaries as there are family members connected to the system
* Data security-data can only be accessed by CARE offices-tags location
	+ Only select staff have access to review all information and beneficiary data
* Who is entering the data?
	+ Staff members are entering the data directly on the computer directly into the system
	+ In some cases, Kobo is being used to collect data in the field, but is transferred into the system (although this is not automatically imported)
		- Data are entered into the system using the bulk feature manually
		- Would like to have data synchronization between Kobo and CDS
* Can you also import existing Excel data in bulk?
	+ Cannot import any type of Excel sheet-specific templates can be used to add services to beneficiaries that are already existing on the database, but cannot bulk import new beneficiaries
* Pay yearly license for the system $5641 USD
	+ Need consultant to make modifications to the system
* **ACTIONS:** Share documents, guidance, protocols, ToRs for CO-level systems

**CARE Turkey: System for the Cash and Voucher Assistance program (CVA) for Vulnerable Refugees (İdil Börekçi)**

* Use different modalities of support (supermarket and store cards, cash transfers through national post office and telegraph)
* Various target groups
	+ Cash for Work-daily workers
	+ Cash for Shelter-cash to rehabilitate own houses
	+ Community Activators-
	+ Clients of Case Management
	+ Project participants of livelihood programming
* MEAL team involvement
	+ Verification over phone (100%)-received cards and verify serial numbers, challenges experienced during delivery
	+ Post-activity monitoring (20% sampling)-use, satisfaction
	+ Complaints and Response Mechanism-feedback and satisfaction with cards, stores, and cash transfer
		- Hotline number or complaints worksheet
* No online system-all in Excel
	+ Surveys are in Kobo
* Lessons learned
	+ Discrepancies in verification
		- Documentation did not match (procurement, MEAL team, and program team data on trackers)
			* Changed process by creating a tracking system linking the documents
	+ Supermarket cards
		- Issues with accessing services and purchasing in certain stores
		- Now will transfer everything to cash instead of using the store cards
	+ Sampling in verification
		- 100% is too high and requires high of a level of effort and staffing
		- Cash transfers require less verification because of less potential for mismanagement
* Verification occurs within 24 hours
	+ Right now, 99 calls to be made by tomorrow (99 households, 594 clients)
* Case management data entry occurs after verification
* Considering other online options for case management and information management in general-in discussions with management

**CARE Lebanon’s beneficiary system using SQL coding and QR Codes (Moiez Ahmed on behalf of Ahmad Hammoud)**

* Office is closed, so further presentation will be rescheduled
* Beneficiary system-mix of different tools
	+ Excel database
	+ SQL coding
	+ QR codes
* Generate unique beneficiary ID and associate it to QR code
* Currently using both attendance sheet and QR codes
	+ Finance team needs attendance sheet
* QR code (Quick Response)-can save up to 7000 digits in one code-can save a lot of information
	+ Can use any smart phone to read it
	+ Time efficient to read
* Over 400,000 beneficiary data collected across different sectors
* Training partners on how to use the information management system
	+ CARE is managing and maintaining the information management system
* Challenges with QR codes
	+ Cards are not issued to beneficiaries because of high number lost, so held by program staff
	+ Partner lack of familiarity with QR codes
		- Training others and demonstrating the time-saving aspects
* Lessons learned
	+ Patience with introducing a new process
	+ Takes time to implement something new-start in intervals, not all at once
	+ Provide tutorials before implementation
	+ It is an iterative process and changes will be needed along the way

**Closing questions/comments:**

* Learning from consortium or project-level systems we have worked with before
	+ Build capacity on the system from the staff-doesn’t end after a consultant or certain people have left the organization
* Tanzania is working on a CO-level system
* CARE Haiti-3 systems in place
	+ Education-tracking, identification and attendance for out-of-school children using tablets
		- Problem with geographic distribution and duplicate information (BOTH mother and father reporting sensitization and enrollment for same children)
			* Triangulate with school register
	+ Fingerprints-teacher and student absentees-data stored locally and transferred each week (implementing in 30 schools)
	+ Kore Lavi project-social assistance program
		- Identify beneficiaries (pregnant or undernourished women)
		- Have one system to collect data across all of the projects and create an ID for participants across
		- Use ODK collect and Power Bi
		- Working on the ToR now
* CARE Rwanda using DHIS2 in pretest now at country level reflecting new CO strategy
* Several colleagues using biometric systems
	+ Somalia, Haiti
	+ **Protocols for data security?**
* Cameroon is using CARECom for the CHAMP project